



Army Benefits Center-Civilian

National Guard Branch



Submitting a Healthy/Timely Retirement Packet





Civilian Human Resources Agency



Pretest

1. If there are military orders in the eOPF, what must accompany the orders with the packet?
2. What constitutes Timeliness for a retirement submission to ABC-C?
3. What is absolutely required on Medical documents submitted with a Disability/Public Law Disability?
4. Per the IDEF, who is responsible for submitting the complete and healthy packet to ABC-C for processing?
5. What are the consequences of not submitting a W-4P with a retirement packet?
6. What specific document must accompany a PL Disability in order to “Qualify” for a Public Law Disability?

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Healthy Packets

The purpose of BAL 12-103 is to provide guidance on submitting “healthy” retirement application packets to OPM for adjudication

A “healthy” retirement packet is a complete and accurate packet that does not have to be developed for missing, inaccurate or discrepant information.

By submitting a “healthy” packet, it allows ABC-C to process the packet and forward to OPM via DFAS in a timely manner.

By allowing ABC-C to forward in a timely manner, OPM is then able to get the employee into a pay status quicker.



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Healthy Packets

Application must be a complete, original form, signed by the applicant in ink and dated.

All questions must be answered, all applicable boxes checked and all areas requiring initials must be initialed.

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Timeliness for Retirement Packet

In order for a retirement packet (Optional/Discontinued Service Retirement) to be timely, the Army Benefits Center-Civilian must have it submitted to DFAS NLT 5 working days prior to Date of Retirement (DOR).

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Retirement Packet

Completed Checklist, Forms and HR Checklist (See Next slide, sent out to the field in December 2017)

Application (SF 3107 or SF2801)

Schedule ABC (if have mil service or OWCP)

Spousal Consent form (SF 3107-2 or SF 2801-2) if married and electing less than full survivor annuity

SF 2818 (if have FEGLI)

W-4P Withholding certification for Fed Tax for annuity.

Marriage Certificate (if married)

DD 214s that reflect Character of Service (usually found on Member 4, Service 2,4,6,7 or 8 copy)

RI 79-9 (if suspending for Tricare or Medicare) with proof of Tricare or Medicare

If there are Military Orders submitted or in eOPF, A SoS must be submitted for those orders

IF for **Discontinued Service Retirement/Military Reserve Tech (DSR/MRT)** also need:

OPM 1510

Termination Memo (Agency Letter) **DO NOT NEED DISCHARGE ORDER FOR DSR/MRT**

Forms checklists can be found at:

https://www.abc.army.mil/abc?id=kb_article&kb_number=KB0010866

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ABC-C CHECKLIST FOR APPLYING FOR CIVILIAN RETIREMENT

IAW BAL 16-102: Ensure there are no corrections (scratch-outs, white-outs, line-outs, etc.) on the retirement forms.

APPLICATION:

- ☐ Correct Version of Form:
 - FERS May 2014 Yes: ☐ No: ☐
 - CSRS June 2013 Yes: ☐ No: ☐
- ☐ Date of Retirement filled in
- ☐ Marital Info, Questions 1 & 2, "Are you married now" & "Do you have a living former spouse" answered
- ☐ If married, is marriage certificate included
- ☐ Insurance Info, Question 1b "Court order that requires to provide health benefits for child" answered
- ☐ Annuity election box is initialed
- ☐ Withholding Certificate for Pension or Annuity Payments
- ☐ Bank information included on application (No Direct Deposit form necessary)
- ☐ Signed

SCHEDULE ABC:

- ☐ Military service entered
- ☐ All questions that apply answered
- ☐ Signed at bottom of form

SPOUSES CONSENT (IF APPLICABLE):

- ☐ If married and less than full survivor annuity, is there a 3107-2 / SF 2801-2 form
- ☐ Election is the same as application election above
- ☐ Spouse and notary signed on same date
- ☐ Notary seal has not expired

FEGLI (SF 2818):

- ☐ 2818 complete, signed & does not exceed last 2817
- ☐ If Do not have, marked do not have
- ☐ Signed at bottom

MILITARY:

- ☐ DD-214s (with Character of service / time lost) or Orders with Statement of Service (With Character of Service / time lost) for each period of service
- ☐ If military deposit worksheets done at State level were omitted from the OPF/eOPF, send a copy with the packet
- ☐ Proof of payment for each period of military service – Paid in full documentation
- ☐ Documents for combat disability/retirement pay (if applicable)

ABC-C CHECKLIST FOR APPLYING FOR CIVILIAN RETIREMENT

MILITARY CONTINUED:

☐ Military Reserve Retired Pay – 20 Year Award Letter included / Military retirement pay clarified

FEHB:

- ☐ Does the technician want to continue their FEHB until their military health options become effective? Yes: ☐ No: ☐
- ☐ Provide RI 79-9, "Health Benefits Cancellation/Suspension Confirmation", if FEHB is suspended

DSRs/MRTs:

- ☐ OPM 1510
- ☐ Copy of Termination Memo

DO NOT NEED TO SUBMIT DISCHARGE ORDER FOR DSR/MRT, PL 97-253 Disability only.

RPA:

☐ RPA submitted to ABC-C Inbox.

EBS Completing Audit:	Printed Name: _____
	Signature: _____
Reviewed by SHRS/ Deputy HRO	Printed Name: _____
	Signature: _____

Note 2 signatures
denoting that
There is a
check/recheck
System in place.

On the SF 2818, SF 3107-2/2801-2 there can be no mark overs/corrections and if RI 79-9 submitted, OPM also needs the evidence of eligibility



Common items overlooked

See Privacy Act
Information on
Instruction Sheet

Application for Immediate Retirement Federal Employees Retirement System

Section A - Identifying Information

1. Name (last, first, middle)	2. List all other names you have used
3. Address (number, street, city, state, ZIP code)	4a. Daytime telephone # after retirement (including area code)
	4b. Home email address
	4c. FAX Number
	5. Date of birth (mm/dd/yyyy)
	6. Social Security Number
7. Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Is this an application for disability retirement? <input type="checkbox"/> Yes (Ask your employing office about other documents you must submit) <input type="checkbox"/> No

Important as OPM
will contact via

After Retirement

After Retirement

Section B - Federal Service

1. Department or agency from which you are retiring (include bureau or division, address and ZIP code)	2. Date of final separation (mm/dd/yyyy)
	3. Title of position from which you are retiring
	3a. Your pay plan and occupational series
4. Have you performed active honorable service in the Armed Forces or other uniformed services of the United States (see instructions for definitions)? <input type="checkbox"/> Yes (Complete Schedule A and attach it to this form) <input type="checkbox"/> No	
5. Are you receiving or have you applied for military retired pay? (Note: If you later become entitled to military retired pay you must notify OPM.) <input type="checkbox"/> Yes (Complete Schedule B and attach it to this form) <input type="checkbox"/> No	

Need DOR
for
retirement
leave blank
for
disabilities

Do not Fill out Schedule B Just
schedule A

Section C - Marital Information (All applicants must complete questions 1 and 2 below.)

1. Are you married now? (A marriage exists until ended by death, divorce, or annulment.)

☐

Yes (Complete items 1a - 1f and attach a copy of your marriage certificate)

☐

No (Go to item 2)

1a. Spouse's name (last, first, middle)

!!!

1b. Spouse's date of birth (mm/dd/yyyy)

!!!

1c. Spouse's Social Security Number

!!!

1d. Place of marriage (city, state)

!!!

1e. Date of marriage (mm/dd/yyyy)

!!!

1f. Marriage performed by:

!!!

☐ Clergyman or Justice of Peace

☐ Other (explain):

2. Do you have a living former spouse(s) to whom a court order gives a survivor annuity or a portion of your retirement benefits based on your Federal employment?

☐

Yes (Attach a certified copy of the court order[s] and any amendments.)

☐

No

There is a tendency to miss question C 2.

Section D - Annuity Election

Make your election by initialing the box beside the type of annuity you want to receive and give any other information requested. Read the pamphlet SF 3113, *Applying for Immediate Retirement under FERS* and the explanations below and consider your election carefully. No change will be permitted after your annuity is granted except as explained in the pamphlet. If you are married at retirement, the law provides an annuity with full survivor benefits for your spouse unless your spouse consents to your election not to provide maximum survivor benefits.

Your election to provide a survivor annuity for a current spouse terminates upon the death of that spouse or if the marriage ends due to divorce or annulment. You are required to make a new election (reelect) within 2 years of the terminating event if you wish to reelect a survivor annuity for a former spouse or within 2 years of a post-retirement marriage to elect a survivor annuity for a spouse acquired after retirement. Continuing a survivor reduction by itself, is not effective to reelect a survivor annuity for a spouse married after retirement or for a former spouse.

If you want to elect a partial survivor annuity for your current spouse and a survivor benefit for a former spouse, you should complete options 2 and 5 below. The total of the survivor annuities elected cannot exceed 50 percent. An election of an insurable interest survivor in option 4 is not included when determining the 50 percent maximum.

1.

Initials

I choose a reduced annuity with maximum survivor annuity for my spouse named in Section C. If you are married at retirement, you will receive this type of annuity unless your spouse consents to your election not to provide maximum survivor benefits. If you receive this annuity, your annuity will be reduced by 10%. Your spouse's annuity upon your death will be 50% of your unreduced earned annuity.

2.

Initials

I choose a reduced annuity with a partial survivor annuity for my spouse named in Section C. If you choose this option, your annuity will be reduced by 5%. Upon your death, your spouse's annuity will be 25% of your unreduced earned annuity. You must have your spouse's consent to choose this option. Complete form SF 3107-2, *Spouse's Consent to Survivor Election*, and attach it to your application.

3.

Initials


I choose an annuity payable only during my lifetime. If you are married at retirement, you cannot choose this type of annuity without your spouse's consent. No survivor annuity will be paid to your spouse after your death if he or she consents to this election and any health benefits will cease. In addition, your spouse will not be eligible to enroll in the Federal Long Term Care Insurance Program, if he/she is not enrolled at the time of your death. If you are married and elect this, complete form SF 3107-2, *Spouse's Consent to Survivor Election*, and attach it to your application.

No corrections can be made in section D

If not married and not leaving survivor annuity choose #3

If married and choose anything less than full, must complete SF 3107-2 which must be notarized

Insurable Interest based upon the age difference

4.	<div><div>Initials</div><div></div></div>	<i>I choose a reduced annuity with survivor annuity for the person named below who has an insurable interest in me. You must be healthy and willing to provide medical evidence if you choose this type of annuity. (Disability annuitants are not eligible to choose this type of annuity.) If you are married and elect this option for your spouse, complete SF 3107-2, Spouse's Consent to Survivor Election and attach it to your application.</i>			
Name of person with insurable interest		Relationship to you		Date of birth (mm/dd/yyyy)	Social Security Number
5.	<div><div>Initials</div><div></div></div>	<i>I choose a reduced annuity with survivor annuity for my former spouse(s) as follows: You must attach: (1) Copies of divorce decrees for all former spouses for whom you elect to provide a survivor annuity. (2) If you are married, attach a completed SF 3107-2, Spouse's Consent to Survivor Election. You cannot choose this option and provide a maximum survivor annuity for your spouse (Box 1). Your election to provide a survivor annuity for a former spouse terminates upon the death of that spouse or the remarriage of your former spouse before age 55.</i>			
Name and address of former spouse		Date of marriage (mm/dd/yyyy)	Date of divorce (mm/dd/yyyy)	Survivor annuity equal to _____% of my annuity	
		Date of birth (mm/dd/yyyy)	Social Security Number		
Name and address of		Date of marriage (mm/dd/yyyy)	Date of divorce (mm/dd/yyyy)	Survivor annuity equal to _____% of my annuity	
		Date of birth (mm/dd/yyyy)	Social Security Number		
		Older, same age, or less than 5 years younger	10%		
		5 but less than 10 years younger	15%		
		10 but less than 15 years younger	20%		
		15 but less than 20 years younger	25%		
		20 but less than 25 years younger	30%		
		25 but less than 30 years younger	35%		
		30 or more years younger	40%		
		your unreduced annuity) _____% 			

Section E - Insurance Information

See the pamphlet SF 3113, *Applying for Immediate Retirement Under the Federal Employees Retirement System*, for information.

- 1a. Are you eligible to continue Federal Employees Health Benefits coverage as a retiree?
- ☐ Yes ☐ No
- 1b. Is there a court order or administrative order currently in effect that requires you to provide health benefits coverage for your child(ren)?
- ☐ Yes (Attach a copy of the court/administrative order) ☐ No
2. Are you eligible to continue Federal Employee's Group Life Insurance coverage as a retiree?
- ☐ Yes ☐ No
3. Are you enrolled in the Federal Dental and Vision Insurance Program (FEDVIP)?
- ☐ Yes ☒ Your coverage will automatically continue into retirement as long as you continue to pay applicable premiums. Until work on your annuity is completed, you may receive bills from BENEFEDS. You must pay these bills in order to keep your FEDVIP coverage. After work on your annuity is completed, BENEFEDS will automatically begin deducting from your annuity to pay future premiums. If you have questions, please contact BENEFEDS at 1-877-888-3337.
- ☐ No ☒ If you retire on an immediate annuity, you can enroll in FEDVIP during any Federal Benefits Open Season.
4. Are you currently enrolled in the Federal Long Term Care Insurance Program (FLTCIP)?
- ☐ Yes ☒ You will automatically continue your coverage into retirement, as long as you continue to pay applicable premiums. If you are currently paying FLTCIP premiums by agency payroll deduction, you must arrange to pay premiums another way, either by deductions from your annuity, through automatic bank debit or direct bill. Please call LTC Partners at 1-800-LTC-FEDS (1-800-582-3337) to make these arrangements.
- ☐ No

Section F - Other Claim Information

1. Have you applied for, are you receiving, or have you ever received workers' compensation from the Department of Labor because of a job-related illness or injury?
- ☐ Yes (Complete Schedule C and attach it to this form) ☐ No
2. Have you previously filed any application under the Civil Service Retirement System or Federal Employees Retirement System (for retirement, refund, deposit or redeposit, or voluntary contributions)?
- ☐ Yes (Complete items 2a and 2b below.) ☐ No
- 2a. Type of application
- | | |
|--|--|
| <input type="checkbox"/> Refund | <input type="checkbox"/> Deposit or redeposit |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Voluntary contributions |
| <input type="checkbox"/> Return of excess deductions | |
- 2b. Claim number(s)

Section G (Optional) - Information About Your Unmarried Dependent Children

1. Dependent child's name (first, middle, last)	2. Date of birth (mm/dd/yyyy)	3. Disabled (✓)	1. Dependent child's name (first, middle, last)	2. Date of birth (mm/dd/yyyy)	3. Disabled (✓)

There is a tendency to miss question 1b.

Need to fill out Schedule C ONLY
If you mark YES

Section H - Payment Instructions

1. Federal benefits payments will be made electronically by Direct Deposit into a savings or checking account or by a Direct Express debit card provided by the Department of the Treasury. See the instructions for Section H of this application and SF 3113 (Applying for Immediate Retirement Under the Federal Employees Retirement System) for additional information. This does not apply to you if your permanent payment address is outside the United States in a country not accessible via direct deposit.

Please select one of the following:

- ☐ Please send my annuity payments directly to my checking or savings account. (Go to item 2)
- ☐ Please send my annuity payments to my Direct Express debit card. (Go to item 3a)
- ☐ My permanent payment address is outside the United States in a country not accessible via Direct Deposit/Direct Express. (Go to item 3a)

2a. Financial Institution Routing Number		<i>You may obtain this number by calling your bank, credit union, or savings institution. This number is very important. We cannot pay by direct deposit without it.</i>	
2b. Checking or Savings Account Number	2c. What kind of account is this? <input type="checkbox"/> Checking <input type="checkbox"/> Savings	2d. Telephone number of your Financial Institution (including area code)	
2e. Name and address of Financial Institution ----- -----		Special Note: If you prefer, you may attach a cancelled personal check that shows the information requested above, instead of filling in the requested financial institution information. If you attach your personal check, it is especially important that you contact your bank, credit union, or savings institution to confirm that the information on the check is the correct information for direct deposit. (Some institutions, especially credit unions, use different routing numbers on checks.) We can then use this information to start paying you by direct deposit.	
3a. Do you want Federal income tax withheld from your annuity payments? <input type="checkbox"/> Yes (Go to item 3b) <input type="checkbox"/> No (Go to Section I)		3b. Do you want to have Federal Income Tax withheld at the rate currently being withheld from your salary? <input type="checkbox"/> Yes (Attach copy of W-4 form on file with your employing agency.) <input type="checkbox"/> No (Attach new W-4 form, otherwise withholding will be at rate for married with 3 exemptions.)	

No need for a direct deposit sheet, just input information here

DFAS DOES NOT send the W-4 they have on file. Recommend including a W-4P

Cannot be a computerized signature using a cursive font nor digital signature

Section I - Applicant's Certification			
Warning Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)	I hereby certify that all statements made in this application are true to the best of my knowledge and belief.		
	Signature (Do not print)	Date (mm/dd/yyyy)	
Please sign the application and		date it!!!	
Applicant's Checklist			
This checklist is provided to help you be certain you have attached all necessary documentation and to help your employing office be certain it forwards all of your retirement documentation to the Office of Personnel Management.			
1. Military Service - If you answered "yes" to Section B, Item 4, did you attach Schedule A?	Yes	No	Not Applicable
2. Military Service - If you completed Schedule A, did you attach a copy of your discharge certificate or other certificate of active military service?			
3. Military Retired Pay - If you answered "yes" to Section B, Item 5, did you attach Schedule B?			
4. Military Retired Pay - If you completed Schedule B and answered "yes" to Item b or c, did you attach a copy of the notice of award or other documentation of the type of military retired pay you are receiving?			
5. Military Retired Pay - If you completed Schedule B and answered "yes" to item d, did you attach a copy of your request for waiver and a copy of the military finance office's acknowledgment or approval of your request for waiver (if applicable)?			
6. Survivor Election - If you are married and did not initial box 1 of Section D, did you attach SF 3107-2, Spouse's Consent to Survivor Election?			
7. Life Insurance - If you answered "yes" to Section E, item 2, did you attach SF 2818, Continuation of Life Insurance Coverage As an Annuitant or Compensation?			
8. OWCP - If you answered "yes" to Section F, item 1, did you attach Schedule C?			
9. Tax - If you want to elect a Federal Income Tax withholding rate, did you attach a W-4 form?			
10. Court or Administrative Order(s) - If you answered "yes" to Section C, item 2 and/or "yes" to Section E, Item 1b, did you attach a copy of the order(s)?			

Matilda E. Ha



Matilda E. Ha

Actual signature

Cursive computer font

Schedules A, B and C

- | | | |
|--|--|---------------------------|
| 1. Name (<i>last, first, middle</i>) | 2. Date of birth (<i>mm/dd/yyyy</i>) | 3. Social Security Number |
|--|--|---------------------------|

Schedule A - Military Service Information

1. If you have performed active honorable service in the United States Armed Services or other uniformed services, complete 1a - d below and attach a copy of your discharge certificate or other certificate of active military service (if available).

See instructions for definitions of Armed Services and Uniformed Services.

a. Branch of service	b. Serial number	c. Dates of active duty		d. Last grade or rank
		From (<i>mm/dd/yyyy</i>)	To (<i>mm/dd/yyyy</i>)	
Should list all periods of ACTIVE military service				
Should NOT just indicate see attached DD 214s				

2. If any of your military service occurred on or after January 1, 1957, have you paid a deposit to your agency for this service? (You must pay this deposit to your agency. You cannot pay OPM after you retire.)

☐

Yes

☐

No

Can do a continuation page on a Word document (for periods that will not fit) and at the top copy the format of Name, DOB and SSN. Then just follow Branch of service along with the Dates of service and last grade or rank (See next slide for example)



Civilian Human Resources Agency



Schedule A Continuation Sheet Example

Just create in a word document

Schedule A Continuation sheet

Doe, John A	DOB: 1/1/1900	SSN: 123-45-6789		
Branch of Service	Serial Number	From	To	Last grade or rank
Army NG		08/15/2001	08/14/2002	E-7
Army NG		05/03/2004	06/04/2005	E-7

If you have not applied or receiving military retirement pay, **DO NOT** fill out this section

Schedule B - Military Retired Pay

1.

If you are receiving or have applied for military retired or retainer pay (including disability or retired pay), complete Parts 1a - 1d below.

a. Are you receiving or have you ever applied for military retired or retainer pay? (Answer "yes" if you are receiving payments from the Department of Veterans Affairs instead of military retired pay.)

☐

Yes

☐

No

c. Was your military retired pay or retainer pay awarded for a disability incurred in combat or caused by an instrumentality of war and incurred in the line of duty during a period of war?

☐

Yes (*Attach a copy of notice of award*)

☐

No

b. Was your military retired or retainer pay awarded for reserve service under Chapter 1223, title 10, U.S. Code (formerly Chapter 67, title 10)?

☐

Yes (*Attach a copy of notice of award*)

☐

No

d. Are you waiving your military retired or retainer pay in order to receive credit for military service for FERS retirement benefits?

☐

Yes (*Attach a copy of your request for waiver and a copy of military finance officer's acknowledgment or approval of your request for waiver*)

☐

No

1b is asking if this is a reserve or guard retirement. Are you receiving at age 60 due to having enough points? If so, this is under Chapter 1223, title 10 US Code 12731-12739 (retired pay under Chapter 1223 is for members of the reserves and guard). If you are receiving retirement pay due to having 20 years active duty, then this would be No and in order to use your military service for civilian service, you would have to waive your military retirement pay. **If the award notice is not attached the application will be placed into a 30 day hold at OPM until a copy can be obtained, regardless if military deposit is paid (from ABC being at OPM to witness process).**

Fill out only if marked Yes in section F

Schedule C - Federal Employees Compensation Information

1. Are you receiving or have you ever received workers' compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor, because of a job-related illness or injury?

☐

Yes (complete parts 1a - c below)

☐

No (go to question 2)

a. Compensation claim number	b. Benefit received		c. Type of benefit
	From (mm/dd/yyyy)	To (mm/dd/yyyy)	
			<input type="checkbox"/> Scheduled award <input type="checkbox"/> Other
			<input type="checkbox"/> Total or partial disability compensation
			<input type="checkbox"/> Scheduled award <input type="checkbox"/> Other
			<input type="checkbox"/> Total or partial disability compensation

2. If you have applied for workers' compensation (other than as listed in item 1a above) but are **not** receiving benefits, check reason below and give the information requested.

☐

a. Awaiting OWCP decision

☐

b. Claim denied

Compensation claim number

Compensation claim number	Date claim denied (mm/dd/yyyy)

3. Except for scheduled compensation awards, workers' compensation and FERS retirement benefits **cannot** be paid for the same period of time. Please complete the information below regarding your claim. **You must complete this section.**

- a. Do you agree to notify us promptly if the status of your workers' compensation claim changes?

☐

Yes

☐

No

- b. Do you authorize the Office of Personnel Management and/or the Office of Workers' Compensation Programs (OWCP) to collect any overpayment if we later find you are not eligible for both compensation and annuity payments covering the same period of time?

☐

Yes

☐

No

Applicant's Certification

I certify that all statements made on these schedules are true to the best of my knowledge and belief.

Signature (do not print)

Must sign here if either A, B or C is completed.

Date (mm/dd/yyyy)

And Date

This form cannot be accepted with any corrections (scratch-outs, line-outs, or any other types of corrections)

MUST BE AN ORIGINAL FORM WITH INK SIGNATURES

Spouse's Consent to Survivor Election

Instructions: If you are married and you do not elect a reduced annuity to provide a maximum survivor annuity for your current spouse, complete Part 1. Have your spouse complete Part 2. Part 2 must be completed in the presence of a Notary Public or other person authorized to administer oaths. The person administering oaths must complete Part 3.

Part 1 - To Be Completed by the Retiring Employee

Name (last, first, middle)

Date of birth (mm/dd/yyyy)

Social Security Number

I have elected: (Mark the box(es) which describes the survivor election(s) you have made. More than one box may be marked.)

☐

a. No regular or insurable interest survivor annuity for my current spouse. ***I understand that:***

❖ No survivor annuity will be paid to my spouse after my death.

❖ His/her health benefits coverage will terminate upon my death, and

❖ He/she will not be eligible to enroll in the Federal Long Term Care Insurance Program (FLTCIP) after my death.

Your election here MUST match the election from section D SF 3107

☐

b. An insurable interest annuity for my current spouse, but no regular survivor annuity for my current spouse. (I have completed Section D, item 4 on my Standard Form 3107 naming my current spouse.)

☐

c. A partial survivor annuity (25%) for my current spouse.

☐

d. A maximum survivor annuity for my former spouse _____
(name of former spouse)

☐

e. A partial survivor annuity for my former spouse _____ equal to 25% of my annuity.
(name of former spouse)

☐

f. A partial survivor annuity for my former spouse _____ equal to 25% of my annuity.
(name of former spouse)

This form cannot be accepted with any corrections (scratch-outs, line-outs, or any other types of corrections)

Part 2 - To Be Completed by the Current Spouse of the Retiring Employee		
I freely consent to the survivor annuity election described in Part 1. <i>I understand that if my spouse elected no regular or insurable interest survivor annuity in Part 1.a. above, I will not receive a survivor annuity, my health benefits coverage will terminate and I will not be eligible to enroll in the Federal Long Term Care Insurance Program (FLTCIP) if I am not already enrolled before my spouse's death. I also understand that my consent is final (not revocable).</i>		
Name (type or print)	Signature (do not print)	Date (mm/dd/yyyy)
Part 3 - To Be Completed by a Notary Public or Other Person Authorized to Administer Oaths		
I certify that the person named in Part 2 presented identification (or was known) to me, gave consent, signed or marked this form and acknowledged that the consent was freely given in my presence on this		
the _____ day of _____, _____, at _____.		
<div>(Month) (Year) (City and State)</div>		
(Seal of Notary Public or witnessing authority of person authorized to administer oaths) (Seal)	Signature (do not print)	
	Expiration date (mm/dd/yyyy) of commission, if Notary Public	
<div><div>General Information: The law requires that a retiring, married employee must elect to provide a survivor annuity for a current spouse, <i>unless</i> the current spouse consents to an election not to provide the maximum survivor benefit. A court order which requires a retiring employee to provide a survivor annuity for a former spouse is not an election and spousal consent is not required. In other words, such a court order does not require a current spouse to waive the right to a survivor annuity for the current spouse even though the Office of Personnel Management (OPM) must honor the terms of the court order before it can honor the election for the current spouse.</div><div><p>The current spouse may, therefore, receive a smaller annuity than elected, or none at all, unless the former spouse loses eligibility for the court-ordered survivor annuity (through remarriage before age 55 or death).</p><p>Important: If the current spouse consents to an election to provide no survivor annuity or a partial survivor annuity and is later divorced from the retired employee, the retired employee may not then elect (nor can OPM honor a court order) to provide a former spouse annuity which exceeds the amount elected at retirement for that spouse. This also applies if the parties remarry.</p></div></div>		

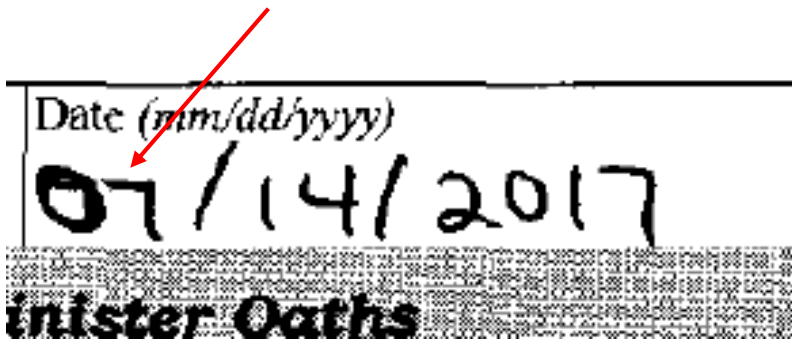
Must be notarized and the date the notary signs it must match the date spouse signs and dates it, as the notary is verifying that the spouse is the one who signed it.

SF 3107-2

This form cannot be accepted with any corrections (scratch-outs, line-outs, or any other types of corrections)

Here are some examples of what OPM considers as unacceptable errors

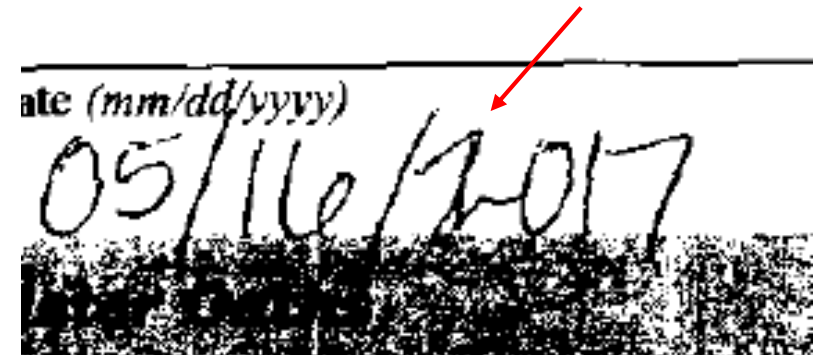
See the "07" and how it
was circled multiple times



Date (mm/dd/yyyy)
07/14/2017
Administer Oaths

A red arrow points to the "07" in the date, which is circled multiple times with dark ink.

Look closely at the "2" and
it may appear it was
written over a "1"



Date (mm/dd/yyyy)
05/16/2017

A red arrow points to the "2" in the month "16", which appears to be written over a "1".

SF 2818 Continuation of Life Insurance
There can be no corrections made to this form

Identifying Information

1. Employee's name (<i>last, first, middle</i>)	2. Date of birth (<i>mm/dd/yyyy</i>)	3. Social Security number
4. Employing department/agency	5. Work location (<i>city, state, ZIP code</i>)	6. Compensation claim number (<i>if applicable</i>)

Basic Life Insurance

7. Do you want to have Basic Life insurance in retirement/compensation if you are eligible?

☐ Yes (*if yes, complete item 8.*) ☐ No ☐ I received a full Living Benefit. (*skip to Item 9*)

8. What level of Basic do you want in retirement/compensation? *Check only one box. If you received a partial Living Benefit, you must check No Reduction.*

☐ 75% Reduction ☐ 50% Reduction ☐ No Reduction

Option A — Standard Optional Insurance

9. Do you want to have Option A in retirement/compensation if you are eligible? To continue Option A, you must also continue Basic. (*Check "yes" only if you currently have as an employee*)

☐ Yes ☐ No ☐ I don't have Option A.

Do not need to fill out this form if you DO NOT HAVE any FEGLI

If 7 is
YES then
fill out 8

The number of no reductions and full reductions cannot be more than you have for Option B and Option C

Option B — Additional Optional Insurance

10. Do you want to have Option B in retirement/compensation if you are eligible? To continue Option B, you must also continue Basic.
(Check "yes" only if you currently have as an employee)

☐ Yes (If yes, complete item 11.) ☐ No ☒ I don't have Option B.

11. How many multiples of Option B do you want to have in retirement/compensation? You can elect up to the number of multiples you are eligible to continue in retirement. Put a number on each line to indicate how many multiples you want for NO REDUCTION and FULL REDUCTION. If the number is "zero", "0" should be written on that line. The total of both No and Full Reduction multiples cannot exceed 5. See the instructions.

_____ (number of NO REDUCTION multiples) _____ (number of FULL REDUCTION multiples)

Option C — Family Optional Insurance

12. Do you want to have Option C in retirement/compensation if you are eligible? To continue Option C, you must also continue Basic.
(Check "yes" only if you currently have as an employee.)

☐ Yes (If yes, complete item 13.) ☐ No ☒ I don't have Option C.

13. How many multiples of Option C do you want to have in retirement/compensation? You can elect up to the number of multiples you are eligible to continue in retirement. Put a number on each line to indicate how many multiples you want for NO REDUCTION and FULL REDUCTION. If the number is "zero", "0" should be written on that line. The total of both No and Full Reduction multiples cannot exceed 5. See the instructions.

_____ (number of NO REDUCTION multiples) _____ (number of FULL REDUCTION multiples)

Signature

14. Signature (Do not print.) Only the insured may sign. Signatures by guardians, conservators, or through a power of attorney are not acceptable.	Date (mm/dd/yyyy)
MUST BE SIGNED and	DATED

Suspending FEHB to use Tricare or Medicare use RI 79-9

Per the instructions on the SF 2809, you need to use the RI 79-9 and not the SF 2809 to suspend the FEHB to use Tricare or Medicare. Below is taken directly from the instructions on the SF 2809.

Part G — Suspension of FEHB

CSRS and FERS annuitants and their eligible family members should not use this form but use form RI 79-9, *Health Benefits Cancellation/Suspension Confirmation*, which is available at www.opm.gov/forms/Retirement-and-Insurance-Forms, or call 1-888-767-6738.

For CSRS and FERS Annuitants, Survivor Annuitants, and Former Spouse Annuitants

Place Name HERE
SSN

Date
Claim number
CS

Health Benefits Cancellation/Suspension Confirmation

You asked us to cancel or suspend your enrollment in the Federal Employees Health Benefits Program (FEHBP). Please read the front and back of this form and check only the ONE block that applies to you. Please note that the Affordable Care Act (ACA) requires that individuals maintain minimum essential coverage (MEC). For more information, please visit the IRS website at www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision. Because many annuitants who cancel their FEHBP enrollments will not be eligible to reenroll, we want to be sure you are fully informed about the effect of any action you take. We will not process your request until you sign, date, and return this form indicating that you understand how your request will affect your future FEHBP enrollment eligibility. ***Any Questions? Call OPM at 1-888-767-6738.***

Date of suspension **MUST** be after DOR

D. ☐ I am suspending my FEHBP enrollment to use TRICARE, TRICARE for Life (enrollees over age 65 with Medicare Parts A and B), Peace Corps, or CHAMPVA. Please suspend my FEHBP enrollment effective _____. (Carefully consider the effective date of your suspension. Once we process your request, we are not able to change the effective date.)

To suspend your FEHBP coverage for this reason, you must give us evidence of your eligibility for TRICARE, TRICARE for Life, Peace Corps, or CHAMPVA. Please send us a copy of your Uniformed Services Identification (I.D.) card and if over age 65, you must also send us a copy of your Medicare card showing enrollment in both Medicare Parts A and B (required for TRICARE for Life). To document your eligibility for CHAMPVA, please send us a copy of your CHAMPVA Authorization Card (A-card). Please tell us the date you want to suspend your FEHBP to use TRICARE, TRICARE for Life, Peace Corps, or CHAMPVA. **Special note:** If we receive this signed form and the eligibility documentation within 31 days before to 31 days after the date you designate above, we will suspend your FEHBP coverage on that date. Otherwise, we will suspend your FEHBP coverage at the end of the month in which we receive your documentation.

If evidence of Tricare not submitted, this form will not be sent to OPM. Once you get your proof of Tricare, email the RI 79-9 along with the proof to OPM via retire@opm.gov (If we have already forwarded your packet to OPM.

The following information applies to blocks C, D and E.

Reenrollment: You may voluntarily reenroll in the FEHBP during an annual open season. We will send you an open season package each year with instructions on how to reenroll. If you don't want to reenroll, disregard your open season material.

If you involuntarily lose your coverage under one of the programs mentioned above, you can reenroll in the FEHBP effective the day after your coverage ends. You must provide evidence of your involuntary loss of coverage. Your request to reenroll must be received at the Office of Personnel Management (OPM) within the period beginning 31 days before and ending 60 days after your coverage ends. Otherwise, you must wait until open season to reenroll.

I certify that I have read and understand the information on suspending FEHBP coverage. I have checked the block relating to my suspension, and I have enclosed the appropriate documentation.

Signature

MUST BE SIGNED

Daytime Telephone No. (including area code)

MUST HAVE #

Date

DATED



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Document Military service with DD 214s

DD 214s Must reflect character of service of **Honorable** and time lost block. This is usually found on Member 4 Copies or Service 2,4,6,7 or 8 Copies. Older DD 214s from the early 1980s and before may have it on a Member 1 copy (Not typed at bottom). On these older DD 214s Character of service is usually found approximately 1/3 of the way down on the left hand side. Directly underneath it would be the time lost block.

When DD 214s are processed, they produce 8 copies. A Member 1 which is the “short form”, a Member 4 “long form” which are both supposed to be provided to the service member. [Then there are 6 Service copies \(long forms\). These copies go to The National Archives, The Dept. of Labor, the respective veteran’s State Dept. of Veteran’s Affairs Office and the Dept. of Veterans Affairs.](#) Other copies go IAW the Branch of Service guidance.

OPM has been very “hot” on ensuring they are getting correct copies of the DD 214s.



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Document Military service with DD 214s

An example of what OPM is rejecting

19. MAILING ADDRESS AFTER SEPARATION NTIC <Y		20. MEMBER REQUESTS COPY 6 BE SENT TO _____ DIR. OF VET AFFAIRS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21. SIGNATURE OF _____		22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL, _____ TISAF	
S/N 0102-UF-000-2140		MEMBER - 1	
23. TYPE OF SEPARATION RELEASE		24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE	
25. SEPARATION AUTHORITY AFR 39-10		26. SEPARATION CODE MBR	27. REENLISTMENT CODE 1J
28. NARRATIVE REASON FOR SEPARATION EXPIRATION TERM OF ACTIVE OBLIGATED SERVICE			
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 INITIALS _____	
S/N 0102-UF-000-2140		MEMBER - 4	



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Document Military service with DD 214s

Be careful
of non-
creditable
service

11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 81170, SECURITY SUPERVISOR, 16 YEARS 9 MONTHS.	12. RECORD OF SERVICE			Year(s)	Month(s)	Day(s)			
	a. Date Entered AD This Period			1981	NOV	05			
	b. Separation Date This Period			1993	NOV	30			
	c. Net Active Service This Period			12y	00	26			
	d. Total Prior Active Service			00	03	23			
	e. Total Prior Inactive Service			04	04	16			
	f. Foreign Service			00	00	00			
	g. Sea Service			00	00	00			
h. Effective Date of Pay Grade			1987	FEB	15				
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) AF OUTSTANDING UNIT AWD, AIR RESERVE FORCES MERITORIOUS SVC MDL-4 DEV, NATIONAL DEFENSE SVC MDL, AF LONGEVITY SVC AWD REN-3 DEV, ARMED FORCES RESERVE MDL, NCO PROFESSIONAL MILITARY EDUC GRAD REN-1 DEV, SMALL ARMS EXPERT MARKSMANSHIP REN-1 DEV, AF TRAINING REN. MASTER SECURITY POLICE QUALIFICATION BADGE, ARMY AIR ASSAULT BADGE									
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) SECURITY SUPERVISOR (R), 3 WEEKS, MAY 82. OJT SUPERVISOR'S COURSE (R), 30 HOURS, APR 83. ANG NCO ACADEMY (R), 6 WEEKS, APR 85.									
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes	No	16. DAYS ACCRUED LEAVE PAID	
			X			X		23.5	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION								Yes	No
18. REMARKS TERM OF ENLISTMENT: 3 YEARS. 5 NOV 81 - 4 NOV 82 TITLE 10, USC 672D/678. ////////////////////////////////////									

28. NARRATIVE REASON FOR SEPARATION TERMINATION OF AGR MILITARY DUTY TOUR [REDACTED]



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Non-USERRA T 10 vs T 32

If there are DD 214 that do not reflect T 10 and they are other than Basic Training with initial job training, verification for T 10 will be required. Verification via orders or the Points sheet (with codes) can be used. Points sheet can **ONLY** be used for **VERIFICATION** of Title of Service.

Dates of service		Codes									
2008/01/25	2009/01/24	B1	35	15	41	0	28	V	119	119	01/00/00
2009/01/25	2009/07/31	B1	1	—	53	0	160	V	—	—	—/—/—
2009/08/01	2009/09/30	B3	0	—	0	0	61	V	—	—	—/—/—
2009/10/01	2010/01/24	B4	0	15	0	0	116	V	406	365	01/00/00
2010/01/25	2010/05/04	B4	0	—	0	0	100	V	—	—	—/—/—
2010/05/05	2010/06/06	B1	0	—	0	0	22	V	—	—	—/—/—

Army NG Codes	B3	Active Duty under Title 10 United States Code
	B4	Full-Time National Guard Duty under Title 32 United States Code
Air NG Codes	C3	Active Duty under Title 10 United States Code
	C4	Full-Time National Guard Duty under Title 32 United States Code



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Paid Military Buy Backs

Paid in Full (PIF) letters assist in proving military buy backs are completed correctly (along with DCPDS screen shots which ABC does check). USERRA dates on PIFs may not properly line up with actual dates of USERRA periods. In these cases to facilitate the proof, civilian pay records and the calculations for the periods of USERRA may assist in getting OPM to adjudicate the retirement quicker.

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Document Military service with Military Orders

If there are military orders to denote a military period and no DD 214 was issued for said period, then a Statement of Service must accompany the orders. It is just in Memo format and lists dates of the military service along with time lost.

We may also ask for military orders for a period on a DD 214 to confirm if it is under Title 10 or Title 32.

SUBJECT: Periods of Honorable Service for [Rank and Name]

1. The following periods of service for [Rank and Name] are hereby certified as being performed under Honorable conditions with no time lost.

Dates of Military Orders

[Insert dates of military orders]
[Insert dates of military orders]
[Insert dates of military orders]

Orders Authority Code

[Insert Auth Code]
[Insert Auth Code]
[Insert Auth Code]

2. If there are any further verifications needed, please contact me at [insert Wing Commander email and commercial phone number].

—

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Disability Packets

All of the forms for retirements including checklist **plus:**

SF 3112A (applicants Statement of Disability)

SF 3112B (Supervisor's Statement)

SF 3112C (Physicians Statement)

SF 3112D (agency Certification of Reassignment and Accommodation)

Waiver of reconsideration and appeal rights (Only for PL 97-253 disabilities)

Termination Memo (Only for PL 97-253 disabilities)

DISCHARGE ORDER (Do not send packet till you have the discharge order. **NOT ELIGIBLE** for PL disability without this)

Medical Documents signed by a Physician (not a PA or RN)

FEDMER Eligibility Statement (send with prelim packet but only apply for SS after leaving civilian position [can be emailed directly to OPM: retire@opm.gov, include CSA number in the body of email])

ABC-C CHECKLIST FOR APPLYING FOR CIVILIAN DISABILITY RETIREMENT

IAW BAL 16-102: Ensure there are no corrections (scratch-outs, white-outs, line-outs, etc.) on the retirement forms.

APPLICATION:

- ☐ Correct Version of Form:
 - FERS May 2014 Yes: ☐ No: ☐
 - CSRS June 2013 Yes: ☐ No: ☐
- ☐ Date of Retirement filled in
- ☐ Marital Info, Questions 1 & 2, "Are you married now" & "Do you have a living former spouse" answered
- ☐ If married, is marriage certificate included
- ☐ Insurance Info, Question 1b "Court order that requires to provide health benefits for child" answered
- ☐ Annuity election box is initialed
- ☐ Withholding Certificate for Pension or Annuity Payments
- ☐ Bank information included on application (No Direct Deposit form necessary)
- ☐ Signed

SCHEDULE ABC:

- ☐ Military service entered
- ☐ All questions that apply answered
- ☐ Signed at bottom of form

SPOUSES CONSENT (IF APPLICABLE):

- ☐ If married and less than full survivor annuity, is there a 3107-2 / SF 2801-2 form
- ☐ Election is the same as application election above
- ☐ Spouse and notary signed on same date
- ☐ Notary seal has not expired

FEGLI (SF 2818):

- ☐ 2818 complete, signed & does not exceed last 2817
- ☐ If Do not have, marked do not have
- ☐ Signed at bottom

MILITARY:

- ☐ DD-214s (with Character of service / time lost) or Orders with Statement of Service (With Character of Service / time lost) for each period of service
- ☐ If military deposit worksheets done at State level were omitted from the OPF/eOPF, send a copy with the packet
- ☐ Proof of payment for each period of military service – Paid in full documentation
- ☐ Documents for combat disability/retirement pay (if applicable)

ABC-C CHECKLIST FOR APPLYING FOR CIVILIAN DISABILITY RETIREMENT

MILITARY CONTINUED:

☐ Military Reserve Retired Pay – 20 Year Award Letter included / Military retirement pay clarified

FEHB:

☐ Does the technician want to continue their FEHB until their military health options become effective? Yes: ☐ No: ☐

☐ Provide RI 79-9, "Health Benefits Cancellation/Suspension Confirmation", if FEHB is suspended

ADDITIONAL DISABILITY FORMS:

- ☐ SF 3112A (No digital signatures)
- ☐ SF 3112B (No digital signatures):
 - ☐ If supervisor marked less than fully successful in any critical element on SF 3112B, appraisal included
- ☐ SF 3112C (No digital signatures)
- ☐ SF 3112D (No digital signatures - Ensure Section 5 is completed)
- ☐ Waiver Statement of Reconsideration and Appeal Rights (Only for PL 97-253 Disabilities)
- ☐ Termination Memo (Only for PL 97-253 Disabilities)
- ☐ DISCHARGE ORDERS (Only for PL 97-253 Disabilities)
- ☐ Medical Documents signed by a Physician (not a PA or RN)
- ☐ FEDMER Eligibility Statement (Only for FERS or CSRS Offset)
- ☐ Position Description and Current Performance Standards

Note 2 signatures denoting that There is a check/recheck System in place.

EBS Completing Audit: Printed Name: _____
Signature: _____

Reviewed by SHRS/ Deputy HRO Printed Name: _____
Signature: _____

On the SF 2818, SF 3107-2/2801-2 there can be no mark overs/corrections and if RI 79-9 submitted, OPM also needs the evidence of eligibility

SF 3112A

- Describes what is injury or disease along with how it interferes with performance
- Must be signed and dated with a good daytime telephone number and good civilian email address

SF 3112B

Section B - Information About Employee's Performance

(See instructions above)

1. Title of position of record. (Attach a copy of position description and current performance standards. If available, attach a copy of the latest performance appraisal.)

2. Date of entry into position
(mm/dd/yyyy)

3. Is performance less than fully successful in any critical element of position?

☐ Yes, complete items 4 - 6 of this section.

☐ No, go to Section C.

4. Show the approximate date (mm/yyyy) that unacceptable performance or the inability to do the job began.

5. After the date in item 4, has the employee received a within-grade step increase or an award based on performance of a critical element?

5a. Was within-grade increase granted under 5 CFR 531.409 (d)? (see instructions)

☐ Yes
☐ No

Period the increase or award covered.

From (mm/yyyy)

To (mm/yyyy)

☐ Yes ☐ No

3112-103
U.S. Office of Personnel Management
CSRS/FERS Handbook for Personnel and Payroll Offices

Original - To OPM Through Agency Channels

Standard Form 3112B
Revised May 2011
Previous edition is usable

6. Identify any critical element(s) of the position which employee does not perform successfully or at all. Explain the deficiencies you observed. Attach supporting documentation such as notice to the employee that performance is less than fully successful or physician's recommendation regarding medical restrictions.

Medical Documents

- Must include medical documents that are signed by a physician (NOT A PA)
- Medical documents must reflect the disease or injuries listed in the SF 3112A
- Even Disabilities under PL 97-253 must have the medical documents as all Disabilities under PL 97-253 are first looked at as regular Disabilities

SF 3112C

Section A - Identifying Information and Consent (to be completed by applicant)

1. Applicant's name <i>(last, first, middle)</i>	2. Date of birth <i>(mm/dd/yyyy)</i>	3. Social security number
<p>If you are currently employed by your agency or separated for less than 30 days, enter exact name and address including the name of the person or office in your employing agency where this information should be mailed. →</p> <p>If you have been separated from your employing agency for 31 days or more provide your current home address. →</p>	<p>4. Enter exact name and address <i>(including ZIP Code)</i>.</p> <p>ABC will place an address label here</p>	
Applicant's Consent to Release Medical Information	5. I authorize the release to the Office of Personnel Management and my employing agency of any and all information or records connected with my disability retirement application.	
	Signature <i>(do not print)</i> Employee signs	Date <i>(mm/dd/yyyy)</i> And Dates

SF 3112D

5. Results of agency reassignment efforts (You must check one statement below.)

- ☐ Reassignment is not necessary because employee's performance is fully successful and there are no medical restrictions which keep the employee from performing critical duties or from attending work altogether.
- ☐ Reassignment is not possible. There are no vacant positions at this agency, at the same grade or pay level and tenure within the same commuting area, for which the employee meets minimum qualifications standards.
- ☐ The employee declined reassignment to a vacant position(s) in this agency at the same grade or pay level and tenure, within the same commuting area, for which the employee meets minimum qualifications. *(Attach a copy of any reassignment offers.)*
- ☐ The agency did not reassign the employee to the vacant position(s) in this agency, at the same grade or pay level and tenure within the same commuting area, for which the employee meets minimum qualifications. The position(s) identified and reason(s) for non-assignment are shown below.

Position Title

Reason for Non-Reassignment or Non-Selection*

This must be filled out by HRO

Submitting for a Regular Disability

- If someone is truly disabled (Not just can't perform their military job), they can submit for "Regular Disability" without being discharged from the military
- If someone is "Terminal" as denoted by a physician, if you send the Terminal note (Must have life expectancy of less than 12 months) along with the packet and OPM will expedite it.
- There are different benefits for being approved under a regular disability vs a PL Disability.
- Employee is able to continue working through Medical Board proceedings and such until discharged from military. (FEHB and benefits do not terminate, unless later terminated due to being separated from military)

PL 97-253 Disability

- Must include a copy of the Military discharge Order
- A termination memo needs to be included with the packet

When State HR Terminates employee IAW the CNGBI, State processes the SF 50 and SF 2810 (if enrolled in FEHB at time of separation) and forwards to ABC-C.

- Waiver of reconsideration and appeals
- Only applies for Social Security once they are separated from the civilian position, so should include the FEDMER eligibility statement
- Per 5 USC 8456 if eligible for MRT cannot apply for Disability under PL 97-253 (MRT RULES on next slide)

PL 97-253 Disability

MRT Rules per 5 USC Chapter 84 section 8414 (3) (c)

1. An employee who was hired as a military reserve technician on or before February 10, 1996 (under the provisions of this title in effect before that date), and who is separated from technician service, after becoming 50 years of age and completing 25 years of **service**, by reason of being separated from the Selected Reserve of the employee's reserve component or ceasing to hold the military grade specified by the Secretary concerned for the position held by the employee is entitled to an annuity.
2. An employee who is initially hired as a military technician (dual status) after February 10, 1996, and who is separated from the Selected Reserve or ceases to hold the military grade specified by the Secretary concerned for the position held by the technician-
 - (A) after completing 25 years of **service as a military technician (dual status)**, or
 - (B) after becoming 50 years of age and completing **20 years of service as a military technician** (dual status), is entitled to an annuity.



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Death in Service

- ABC-C must contact survivor within 24 hours of receiving BATS-R notification of the death. Please do not input into BATS-R until you have verified and have complete contact information for the survivor.
- Must submit Quick Pay to OPM (Within 5 days of death but cannot send until all information is received)
- HR Staff from state must ensure all service is in eOPF to include prior service (Complete eOPF)
- Need all information on former marriages, divorces, kids, etc
- Need good POC's and phone numbers

(Difficulties arise when working through a CAO. Remember, there is the civilian and military side of the house on deaths with different requirements).

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Death Packet information needed for processing

Common missing information needed for Death Packets from eOPF in order to forward the Quick Pay to OPM:

- all DD214s and orders
- All Creditable Service SF 50's
- Prior Civilian Service SF 50's (Incomplete eOPF)
- Was employee ever divorced?
- Spouse's name, SSN, DOB, address, phone number & date of marriage
- How many minors (students? disabled?)
- Manner of death



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Answers

1. If there are military orders in the eOPF, what must accompany the orders with the packet?
A. A Statement of Service with Character of Service and annotating any lost time
2. What constitutes Timeliness for a retirement submission to ABC-C?
A. Must be submitted to DFAS by ABC-C NLT 5 working days prior to retirement date
3. What is absolutely required on Medical documents submitted with a Disability/Public Law Disability?
A. At least 1 document signed by a “Physician” concerning disability on SF 3112A
4. Per the IDEF, who is responsible for submitting the complete and healthy packet to ABC-C for processing?
A. The State HR Office. It is not the employee’s responsibility per the IDEF
5. What are the consequences of not submitting a W-4P with a retirement packet?
A. OPM will show “Married with 3 deductions” which would make retiree owe taxes
6. What specific document must accompany a PL Disability in order to “Qualify” for a Public Law Disability?
A. Discharge Orders must accompany the packet



QUESTIONS?